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TRAVEL EXPENSE CLAIM STD 262-A 6-93											Page	1 of	1	Pages	
CLAIMANT'S NAME					SOCIAL SECURITY NUMBER*					DEPARTMENT					
Stephen M. Hardy					On-file					Alcoholic Beverage Control					
POSITION CB/ID NUMBER					DIVISION OR BUREAU							INDEX NUMBER			
Directo						Headquarters								5000	
RESIDE	NCE AD	DRESS*				HEADQUARTERS ADDRESS (DISTRICT OFFIC							TELEPHONE	NUMBER	
CITY			CTATE		ZIP CODE	3927 Lennane Drive, Ste. 100						STATE			
CITY STATE												ZIP CODE			
		I _{z-} ,	CA	1	95688	Sacramento					CA (a)			95834	
(1)MONT			(4)	(5)	MEALS	· · · · · · · · · · · · · · · · · · ·		TRANSPORT	ATION	(D)	(8)	(9)			
Jun (2)	-10	LOCATION WHERE EXPENSES	LODGING				INCIDEN.	(A)	(B)	(C) CARFARE,	(C) PRIVA	(D) ATE CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES	
DATE	TIME	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE USED	TOLLS, PARKING	MILES	AMOUNT		FOR DAY	
06/15		SACTO			10.00					15.00		0.00		25.00	
06/22	1156 1357	SACTO								7.50		0.00		7.50	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
(10) SUBTOTALS 0.00 0.00 10.00 CLAIM TOTAL					0.00	0.00	0.00		22.50	0	0.00	0.00 \$32	32.50		
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)								Ψ32							
06/15-	Attend	led Southern Divisio	n Staff M	eeting		-									

06/22-Meeting to discuss Licensing Issue (All Parking for Administrative Purposes)

(12) NORMAL WORK HOURS	INDEX	OBJ	AO	PCA	AMOUNT	INDEX	OBJ	AO	PCA	AMOUNT	SUB TOTALS
0800-1500											0.00
(13) PRIVATE VEHICLE LICENSE No.											0.00
											0.00
(14) MILEAGE RATE CLAIMED											0.00
0.500											0.00
AGENCY ACCOUNTING											0.00
OFFICE USE ONLY											0.00
PAID BY REV. FUND CHECK No.											0.00
	TOTAL	S				TOTALS				0.00	0.00

⁽¹⁵⁾ I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENS	DATE		